

Consent for Surgery and Other Procedures –
ERCP

6. During the procedure, the doctor may discover an unexpected condition or disease which the doctor thinks is necessary to be treated during the operation. My signature on the line below gives my permission for the doctor to use his/her own judgment in treating unexpected conditions or diseases.
7. I understand that during the course of this procedure my surgeon may find it necessary or appropriate to remove or destroy tissue or organs not originally contemplated. I agree to the removal and destruction of such tissue and organs.
8. I give permission to the University of Maryland Medical Center and its medical staff and the University of Maryland School of Medicine to throw away, use, and/or transfer for business reasons or for other reason any organs, tissues, bones, or other bodily fluids of any kind taken from my body. These uses may include, without limitation, examination, education, research, other scientific reasons, and business reasons. I give up my interest in or ownership of any organs, tissues, bones, or other bodily fluids of any kind taken from my body and anything developed from these specimens.
9. I understand and agree that my doctor or his/her associates or assistants may photograph, videotape or otherwise make recordings of the operation or procedure(s), including portions of my body, for internal purposes related to care, treatment, medical education or performance improvement.
10. I consent to the presence of manufacturer or equipment representatives in the operating or procedure room during the operation or procedure as deemed appropriate by my doctor and consistent with the University of Maryland Medical Center's policies.
11. MY SIGNATURE BELOW GIVES MY AGREEMENT:
- a. THAT I HAVE READ AND UNDERSTAND THIS CONSENT,
 - b. THAT I HAVE RECEIVED ALL OF THE INFORMATION I WANTED ABOUT THE OPERATION OR PROCEDURE, ITS BENEFITS, RISKS, COMPLICATIONS AND ALTERNATIVE TREATMENT CHOICES; AND
 - c. THAT I HAD A CHANCE TO DISCUSS AND HAVE MY QUESTIONS CLARIFIED BY THE HEALTHCARE PROVIDER TO MY SATISFACTION.

NOTE: Please complete ONLY if patient has a No CPR order.

- a. I have a No CPR order and agree to suspend the No CPR order during the surgery or procedure until I recover from Anesthesia. _____ (Patient/Consenter Initials)
- b. I have a No CPR order and I request to retain my No CPR status during the procedure. I received an explanation that routine surgical and anesthetic rescue measures will still be used to treat reversible cardiopulmonary abnormalities related to anesthesia or the procedure. _____ (Patient/Consenter Initials)
- c. I have a No CPR order and I request to retain my No CPR status during the procedure. I received an explanation about routine surgical and anesthetic rescue measures used to treat reversible cardiopulmonary abnormalities related to anesthesia or the procedure. I want to receive only those measures that are in accordance with my Medical Orders for Life Sustaining Treatment (MOLST). _____ (Patient/Consenter Initials)

Signature of patient or surrogate: _____

(Signature, Date and Time must be in patient or surrogate's own hand)

Relationship to patient, if surrogate: _____

(If patient is physically unable to sign, but able to consent, document informed consent using the "verbal" witness signature line)

Signature of healthcare provider: _____

Date: _____

Healthcare provider printed name or ID #: _____

☐ Healthcare provider is bilingual and provided language concordant care for consent.

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Signature of healthcare provider: _____

Healthcare provider printed name or ID #: Caleb W. Spaulding

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☐ Interpreter used: Name or Interpreter # _____